

SECTION 1

2014 IMMUNIZATION REPORT PROVIDER IDENTIFICATION SHEET

Due by November 1, 2014

1. Child Care/Preschool Program Name _____ **License Number** _____

Total Number of Children enrolled in your facility _____

Name of Program: _____

Address as licensed _____

City, State, Zip: _____ County: _____

Contact Person: _____ Phone Number: (_____) _____

2. Program is licensed for:
(circle one)

Family Child Care Home I

Family Child Care Home II

Child Care Center

Preschool

3a. Are you caring for children at this time?

YES

NO

3b. Do you provide care for school age children only?

YES

NO

if YES, then you don't need to provide vaccination records – just mail in this sheet (Section 1)

if NO, then fill out vaccination record information for each child and mail in all sheets (Sections 1 & Report form)

4. If you're sending in reports for more than one facility, please list all the names and addresses of the programs below:

1. _____

2. _____

3. _____

4. _____

Please return Section 1 & Report form to:

DHHS - Immunization Program

P.O. Box 95026

Lincoln, NE 68509-5026

(402) 471-6423

(402) 471-6426 fax

Email: DHHS.Immunization@nebraska.gov